

Exhibit A

STATE USAGE

OFF SECOND

SUBMISSION

APPROXIMATE CLASS

AMPUTATION

SCAR

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

Nix

Christopher

SCOTT

STATE OF PERSON'S IDENTIFICATION

SOCIAL SECURITY NO.

LEAVE BLANK

420-02-5533

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

FINGER

STATE IDENTIFICATION NO.

DATE OF BIRTH MM DD YY

SEX

RACE

HEIGHT

WEIGHT

EYES

HAIR

02-09-72

M

W

6'1

175

BLU.

BRN.



1 R THUMB



2 R INDEX



3 R MIDDLE



4 R RING



5 R LITTLE



1 L THUMB



2 L INDEX



3 L MIDDLE



4 L RING



5 L LITTLE



10 R PALM



10 L PALM



10 R PALM

ATTORNEY _____

CALLED ATTORNEY _____ DATE: _____ TIME: _____

DATE	OTHER PHONE CALLS ALLOWED

SEARCHED BY _____

- PERSONAL PROPERTY -

VEHICLE INVOLVED? _____ IMPOUNDED? _____

Year Make License No.

CURRENCY \$ 13.00 RINGS _____CHANGE \$.54 KEYS _____

CHECKS \$ _____ CARDS _____

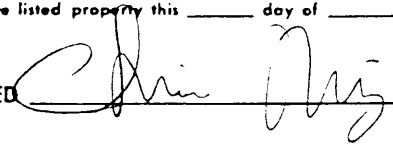
TOTAL \$ 13.54 KNIFE _____WALLET (1) w/ contents LIGHTER (1) brass, in colorWATCH (1) Gold in color PEN-PENCIL _____OTHER ITEMS NOT CLASSIFIED (2) rocks of pig,(1) head bag

I certify that the above is a correct list of items removed from my possession at the time I was placed in jail.

I hereby authorize the censoring of all my mail by jail authorities.

PRISONER'S SIGNATURE 

Received all of the above listed property this _____ day of _____ 19____

SIGNED 

ATTORNEY

CALLED ATTORNEY _____ DATE: _____ TIME: _____

DATE	OTHER PHONE CALLS ALLOWED

SEARCHED BY

J. B. Smith

- PERSONAL PROPERTY -

VEHICLE INVOLVED?

IMPOUNDED?

Year

Make

License No.

CURRENCY \$ _____ RINGS _____

CHANGE \$ _____ KEYS _____

CHECKS \$ _____ CARDS _____

TOTAL \$ _____ KNIFE _____

WALLET _____ LIGHTER _____

WATCH *1 Timex Expedition* PEN-PENCIL _____OTHER ITEMS NOT CLASSIFIED *1 camoflage Roll Tide hat,
1 red w/ black striped shirt, red blue jeans,*

I certify that the above is a correct list of items removed from my possession at the time I was placed in jail.

I hereby authorize the censoring of all my mail by jail authorities

PRISONER'S SIGNATURE _____

Received all of the above listed property this _____ day of _____ 19____

received

SIGNED _____

DID YOU SEARCH INMATE yes Christopher Scott

DID YOU DO MEDICAL EVALUATION AND FORM yes

DID YOU BOOK SUBJECT IN yes

DID YOU LIST ALL CHARGES yes

DID YOU LIST ALL PROPERTY yes

DID YOU CHECK NCIC AND LOCAL FOR WARRANTS yes

DID YOU LIST ALL HOLDS ON INMATE yes

DID YOU ENTER INMATE IN THE COMPUTER yes

DID YOU PUT INMATE ON DAILY JAIL LOG yes

DID YOU PUT INMATE'S PROPERTY IN PROPERTY ROOM yes

DID YOU TAKE FINGERPRINTS no - VOP

DID YOU TAKE PHOTO yes

DID INMATE GET A PHONE CALL

DID YOU PUT MONEY IN LOCK BOX None

DID YOU PUT INMATE ON 72 HOUR HEARING LIST yes

BOOKING OFFICER [Signature]

DATE 10-1-85

RELEASING OFFICER WILL FILL OUT THE REST OF THE FORM WHEN RELEASING INMATE
DATE RELEASED 10-2-85

DID YOU CHECK ALL HOLDS ON INMATE yes

DID YOU RETURN ALL PROPERTY AND MONEY yes

DID YOU HAVE INMATE SIGN FOR PROPERTY no - 10-86

DID YOU MAKE SURE THAT THE BOND IS FILLED OUT COMPLETELY

DID YOU MAKE SURE THAT THE INMATE IS THE SAME ONE THAT YOU ARE RELEASING yes

DID YOU PUT INMATE OUT ON DAILY JAIL LOG yes

DID YOU MAKE SURE THIS INMATE IS TO BE RELEASED AND THERE ARE NO HOLDS yes

DID YOU TAKE INMATE OUT OF COMPUTER yes

RELEASING OFFICER [Signature]

ATTORNEY _____

CALLED ATTORNEY _____ DATE: _____ TIME: _____

DATE	OTHER PHONE CALLS ALLOWED

SEARCHED BY _____

— PERSONAL PROPERTY —

VEHICLE INVOLVED?	IMPOUNDED?
Year	Make License No.

CURRENCY \$ _____ RINGS _____

CHANGE \$ _____ KEYS _____

CHECKS \$ _____ CARDS _____

TOTAL \$ _____ KNIFE _____

WALLET _____ LIGHTER _____

WATCH _____ PEN/PENCIL _____

OTHER ITEMS NOT CLASSIFIED _____

I certify that the above is a correct list of items removed from my possession at the time I was placed in jail.

I hereby authorize the censoring of all my mail by jail authorities.

PRISONER'S SIGNATURE Chris [Signature]

Received all of the above listed property this _____ day of _____ 19____.

SIGNED Chris [Signature]

S.S.NO. 420-02-5533 PRISONER'S JAIL RECORD NO. _____NAME Nix, Christopher Scott DATE 10-24-95 TIME _____ALIAS _____ ADDRESS 600 Fern Ave App A6.AGE 23 RACE W SEX M EYES Haz HAIR Blk HEIGHT 6'01" WEIGHT 208DATE OF BIRTH 02-09-72 PLACE OF BIRTH Coumington County SCARS OR MARKS _____ARRESTING OFFICER 2313 Rogers ARRESTING AGENCY CCSUOFFENSE DUI TELEPHONE NO. 493-3333STATUS _____ SPOUSE OR NEXT OF KIN Mother Robbie Smith
SENTENCE BEGINS _____ SENTENCE EXPIRES _____ HOLD FOR _____BEHAVIOR _____ TIME ALLOWED-
GOOD BEHAVIOR _____HOW RELEASED Bond - 94 gfr. DATE 10-26-95 TIME 1:00pm

RELEASING OFFICER _____ DRAFT BOARD & CLASSIFICATION _____

ENTERING R/I PRINT _____ REMARKS: Bond \$500

CALLED ATTORNEY _____ DATE: _____ TIME: _____

DATE	OTHER PHONE CALLS ALLOWED

SEARCHED BY _____

— PERSONAL PROPERTY —

VEHICLE INVOLVED? _____ IMPOUNDED? _____

Year	Make	License No.
CURRENCY \$ _____	RINGS _____	
CHANGE \$ _____	KEYS <u>1 set</u>	
CHECKS \$ _____	CARDS _____	
TOTAL \$ _____	KNIFE <u>1</u>	
WALLET _____	LIGHTER _____	
WATCH _____	PEN-PENCIL _____	
OTHER ITEMS NOT CLASSIFIED <u>Cig paper</u>		

I certify that the above is a correct list of items removed from my possession at the time I was placed in jail.

I hereby authorize the censoring of all my mail by jail authorities.

PRISONER'S SIGNATURE DUTReceived all of the above listed property this 26 day of Oct. 1995.SIGNED Chris Nix

S.S.NO. 420-02-5533

PRISONERS JAIL RECORD

NO. 1

NAME Nix, Christopher Scott DATE 11-25-85 TIME 4PM

ALIAS Crazy ADDRESS P.O. Box 22 OPP, AL

AGE 23 RACE W SEX M EYES BLU HAIR BLK HEIGHT 6'0 WEIGHT 210

DATE OF BIRTH 2-05-72 PLACE OF BIRTH OPP, AL SCARS OR DESSER LEFT FOREARM MARKS

ARRESTING OFFICER CCSO ARRESTING AGENCY CCSO

OFFENSE Serve 48 Hours For DUI TELEPHONE NO 453-3330

STATUS Single SPOUSE OR NEXT OF KIN Robbie Smith

SENTENCE BEGINS SENTENCE EXPIRES HOLD FOR

BEHAVIOR TIME ALLOWED - GOOD BEHAVIOR

HOW RELEASED Time Served DATE 12-01-85 TIME 16:00

RELEASING OFFICER DRAFT BOARD & CLASSIFICATION

ENTERING R/I PRINT RELEASING R/I PRINT

REMARKS:

CASE # 04-255-CF

IN THE CIRCUIT COURT OF
WALTON COUNTY

STATE OF FLORIDA

VIOLATION OF PROBATION
WARRANT

ORDER TO TAKE INTO CUSTODY

STATE OF FLORIDA
VS.

CHRISTOPHER NIX



THIS WARRANT WAS RECEIVED BY THIS
DEPARTMENT AT _____
COUNTY, FLORIDA ON THE _____ DAY
OF _____, A.D. 20____, AND
EXECUTED IN _____ COUNTY,
FLORIDA ON THE _____ DAY OF
_____, A.D. 20____,
BY ARRESTING THE WITHIN NAMED

ARRESTING OFFICER

DEPARTMENT

DATE AND TIME OF SERVICE

PLACE OF SERVICE

IDENTIFYING DATA

AKA: Chris Nix
RACE: White SEX: male DOB: 02-09-1972
SMT: Tattoos: Left Arm - Knife, Right Arm - name
HGT: 6'02" WGT: 190 lbs
EYES: Blue HAIR: Brown
SS#: 420-02-5533
DL#: Unknown

CURRENT LOCATION/LAST KNOWN ADDRESS:
Covington County Jail, Andalusia, Alabama /
994 Caswell Drive, Defuniak Springs, FL 32433

Phone: (Home) 850-892-6140 (Cell) _____
Residing with/relationship: Mother & Stepfather
Employer name/phone: Disabled
Place of birth: Opp, Alabama
Vehicle info: 1969 White Ford F-150 truck

	Yes	No
History of violence:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prior resisting arrest:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prior use or possession of weapon	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ORI: FL066035G

STATE OF ALABAMA,

v.

Christopher Scott Nix,

DEFENDANT.

IN THE CIRCUIT COURT OF
COVINGTON COUNTY, ALABAMA
CASE NO. DUITHE FOLLOWING CONDITIONS APPLY TO ALL PERSONS RELEASED WHETHER ON
PERSONAL RECOGNIZANCE OR OTHERWISE:

1. The defendant must appear to answer and must submit to the orders and process of the Court having jurisdiction of this case, as directed.
2. The defendant must refrain from committing any criminal offense.
3. The defendant may not depart from the State of Alabama without leave of the Court having jurisdiction of this case.
4. The defendant must promptly notify the Court of any change of the defendant's address.

District Court 11-7-95; 9:00 am

The provisions of this release order may be revoked or modified by the Court for cause. This release order and any appearance bond executed in compliance with it will continue in force and effect until the dismissal, acquittal, or conviction of the defendant of the charges, unless sooner revoked or modified by the Court. Upon report of a violation of any one of the above conditions, a warrant for your arrest will be issued.

ACKNOWLEDGMENT BY DEFENDANT

I understand the conditions of my release and the penalties applicable in the event that I violate any conditions imposed herein, and I also understand that failure to appear as required may subject me to additional charges and the revocation of release.

Date: _____

Chris Nix
Defendant600 Tealine
AddressOpp
CityAL
State36467
Zip

412-3332

PRISONER'S JAIL RECORD

S.S.NO. 420-02-5533

NO. _____

NAME Dix, Christopher SDATE 02-15-99 TIME 17:51

ALIAS _____

ADDRESS 2018 West 7th St FloridaAGE 22 RACE W SEX M EYES Blu HAIR BRN HEIGHT 6'2" WEIGHT 177DATE OF BIRTH 02-09-72PLACE OF BIRTH Opp, ALSCARS OR MARKS DRUG TATTOO

ARRESTING OFFICER _____

ARRESTING AGENCY Lockhart PD

OFFENSE _____

DUI, POMI, Poss. Drug Para.TELEPHONE NO 858-672

STATUS _____

SPOUSE OR NEXT OF KIN Robbie Sue Gustafson

SENTENCE BEGINS _____

SENTENCE EXPIRES _____

HOLD FOR _____

BEHAVIOR _____

TIME ALLOWED-
GOOD BEHAVIOR _____

HOW RELEASED _____

Bond - TabbDATE 2-17-99

TIME _____

RELEASING OFFICER _____

Mathew

DRAFT BOARD & CLASSIFICATION _____

ENTERING R/I PRINT _____

RELEASING R/I PRINT _____

REMARKS: _____

State of Alabama Unified Judicial System	ORDER OF COMMITMENT TO CUSTODY	Case Number
---	---------------------------------------	-------------

IN THE MUNICIPAL COURT OF LOCKHART (COVINGTON) ALABAMA
(Circuit District, or Municipal) (Name of Municipality or County)

☐ STATE OF ALABAMA ☒ MUNICIPALITY OF LOCKHART

v. CHRISTOPHER SCOTT NIX, Defendant

COMMITMENT ORDER

TO THE SHERIFF, JAILER OR WARDEN OF COVINGTON COUNTY JAIL

You are ordered to RECEIVE INTO CUSTODY the above-named Defendant, who is charged with MARIJUANA #2,
DRUG POSS OF PARAPHERNALIA, & D.U.I. The reason(s) for the above-
ordered commitment are as follows: _____

DEFENDANT IS

☐ To be Held pending further Orders of the Court

☐ May be Released on the Posting of a ☐ Surety or Commercial ☐ Cash

☐ Personal Recognizance bond in the sum of \$ _____

☐ To be Held until the above Sentence is Satisfied (Clerk's Transcript to Follow)

☐ To be Held Pending transfer to State Custody. (Clerk's Transcript to Follow)

☐ Defendant Due to Return to Court on 1/1

☒ **MAKE BONDS**

SENTENCING INFORMATION
(If Applicable)

SENTENCE: _____ imprisonment

in the ☐ State Penitentiary ☒ County Jail ☐ County Jail at Hard Labor ☐ Municipal Jail

☐ Custody of State of Alabama (Y.O)

Date of Original Sentence: 1/1 Date Sentence Begins on this Commitment: 2/16/99

Jail Credit Due (if any): _____ as below date.

ADDITIONAL ORDERS

Dated: 02 / 16 / 99

Sandra Rebut / Magistrate
Judge/Clerk/Magistrate

THIS FORM MUST BE FILLED OUT BY THE OFFICER WHO RELEASED THE INMATE
Last Name: WILL First: MR. STAPLE MI: MI

DID YOU PUT PROPERTY IN PROPERTY ROOM yes

DID YOU BOOK SUBJECT IN yes

DID YOU LIST ALL CHARGES yes

DID YOU LIST ALL PROPERTY yes

DID YOU LIST ALL HOLDS ON INMATE yes

DID YOU TAKE FINGERPRINTS no

DID YOU TAKE PHOTO yes

DID YOU ENTER THEIR MONEY IN SWANSON yes

DID SUBJECT GET A PHONE CALL yes

DID YOU PUT SUBJECT ON DAILY JAIL LOG yes

BOOKING OFFICER James S. McNeal

PUT THIS FORM IN INMATES FILE

DATE: 2-17-99

OFFICER'S ARE TO FILL OUT THE REST OF THE FORM WHEN RELEASING INMATE:

DATE RELEASED: 2-17-99

DID YOU CHECK ALL HOLDS ON SUBJECT yes

DID YOU RETURN ALL PROPERTY AND MONEY : yes

DID YOU HAVE THE INMATE SIGN FOR PROPERTY: yes

DID YOU MAKE SURE THAT THE BOND IS FILLED OUT COMPLETELY yes

ARE YOU SURE THAT THE INMATE IS THE SAME ONE THAT YOU ARE RELEASING yes

DID YOU PUT THEIR NAME ON THE DAILY LOG IN THE RELEASE SECTION yes

ARE YOU SURE THAT THIS SUBJECT IS TO BE RELEASED AND THAT THEY DO NOT HAVE

ANY HOLDS ON THEM. yes

RELEASING OFFICER: Matthew

PUT THIS FORM BACK IN INMATE FILE WHEN THEY ARE RELEASED

COVINGTON COUNTY JAIL MEDICAL SCREENING SHEET
 -- TO BE COMPLETED AT INTAKE BY BOOKING OFFICER --

PERSONAL INFORMATION:

MARITAL/RELATIONSHIP INFORMATION:

STATUS: M (M,D,W,S,O(OTHER))NEXT OF KIN: Gusslitson

LAST NAME

Rebbie

FIRST NAME

Sue

MI

ADDRESS: 2018 West 7th St

ADDRESS:

CITY: FloridaSTATE: Al

ZIP: _____

PHONE: 858-6723

ADDITIONAL INMATE INFORMATION

HAND: NHEARING PROBLEMS: N

SUFFIX NAME: _____

VISION PROBLEMS: N READS ENGLISH: N

RELIGION: _____

WRITES ENGLISH: N SPEAKS ENGLISH: NEDUCATION(YRS) 7th grade

VISUAL ASSESSMENT

YES/NO(Y/N) // ANY YES ANSWERS SHOULD BE EXPLAINED IN THE EXPLANATIONS SECTION.

- N 1. IS INMATE UNCONCIOUS?
N 2. DOES INMATE HAVE ANY VISIBLE SIGNS OF TRAUMA, ILLNESS, OBVIOUS PAIN OR BLEEDING, REQUIRING IMMEDIATE OR DOCTORS CARE?
N 3. IS THERE OBVIOUS FEVER, SWOLLEN LYMPH NODES, JAUNDICE OR OTHER EVIDENCE OF INFECTION THATS MIGHT SPREAD THROUGH THE FACILITY?
N 4. ANY SIGNS OF POOR SKIN CONDITION, VERMIN, RASHES, OR NEEDLE MARKS?
N 5. DOES INMATE APPEAR TO BE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL?
N 6. ANY VISABLE SIGNS OF ALCOHOL OR DRUG WITHDRAWAL?
N 7. DOES THE INMATE'S BEHAVIOR SUGGEST THE RISK OF SUICIDE OR ASSAULT?
N 8. IS INMATE CARRYING MEDICATION?
N 9. DOES THE INMATE HAVE ANY PHYSICAL DEFORMITIES?
N 10. DOES INMATE APPEAR TO HAVE ANY PSYCHIATRIC PROBLEMS?

11. DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

- | | | |
|-----------------------|----------------------------------|-----------------------------|
| <u>N</u> A. ALLERGIES | <u>N</u> F. FAINTING SPELLS | <u>N</u> K. SEIZURES |
| <u>F</u> B. ARTHRITIS | <u>N</u> G. HEART CONDITION | <u>N</u> L. TUBERCULOSIS |
| <u>N</u> C. ASTHMA | <u>N</u> H. HEPATITIS | <u>N</u> M. ULCERS |
| <u>N</u> D. DIABETES | <u>N</u> I. HIGH BLOOD PRESSURE | <u>N</u> N. VENERAL DISEASE |
| <u>N</u> E. EPILEPSY | <u>N</u> J. PSYCHIATRIC DISORDER | <u>N</u> O. OTHER (SPECIFY) |

12. FOR FEMEALES ONLY:

- ____ A. ARE YOU PREGNANT?
 ____ B. DO YOU TAKE BIRTH CONTROL PILLS?
 ____ C. HAVE YOU RECENTLY DELIVERED?

COVINGTON COUNTY JAIL MEDICAL SCREENING SHEET CONT:
INMATE QUESTIONNAIRE -- CONTINUED:

YES/NO (Y/N)

- N 13. HAVE YOU RECENTLY BEEN HOSPITALIZED OR TREATED BY A DOCTOR?
- Y 14. DO YOU CURRENTLY TAKE ANY MEDICATION PRESCRIBED BY A DOCTOR?
- N 15. ARE YOU ALLERGIC TO ANY MEDICATION?
- N 16. DO YOU HAVE ANY HANDICAPS OR CONDITIONS THAT LIMIT ACTIVITY?
- Y 17. HAVE YOU EVER ATTEMPTED SUICIDE OR ARE YOU THINKING ABOUT IT NOW?
- Y 18. DO YOU REGULARLY USE ALCOHOL OR STREET DRUGS?
- N 19. DO YOU HAVE ANY PROBLEMS WHEN YOU STOP DRINKING/USING DRUGS?
- N 20. DO YOU HAVE A SPECIAL DIET PRESCRIBED BY A PHYSICIAN?
- Y 21. DO YOU HAVE ANY PROBLEMS OR PAIN WITH YOUR TEETH?
- Y 22. DO YOU HAVE ANY OTHER MEDICAL PROBLEMS WE SHOULD KNOW ABOUT? *Bipolar disorder*

EXPLANATIONS: (REFER TO ITEM NUMBER/LETTER)

- 1.) 11B eln joints
- 2.) 14 slow own meals.
- 3.) 17 have a history of suicide attempts
- 4.) 18 16yr on a regular basis
- 5.) 21 old top teeth

COVINGTON COUNTY JAIL AUTHORIZATION FOR MEDICAL TREATMENT

I, THE UNDERSIGNED, AS AN INMATE OF THE COVINGTON COUNTY JAIL AUTHORIZE THE RESPONSIBLE PHYSICIAN/REGISTERED NURSE (OR WHOMEVER HE/SHE MAY DESIGNATE) TO ADMINISTER MEDICAL EXAMINATIONS AND/OR TREATMENT AS NECESSARY WHILE I AM INCARCERATED IN THIS FACILITY.

INMATE SIGNATURE: [Signature]

DATE: 02-15-99 SSN: 120-02-5533

WITNESS: James M. [Signature]

DATE: 02-15-99

RELEASE FROM RESPONSIBILITY

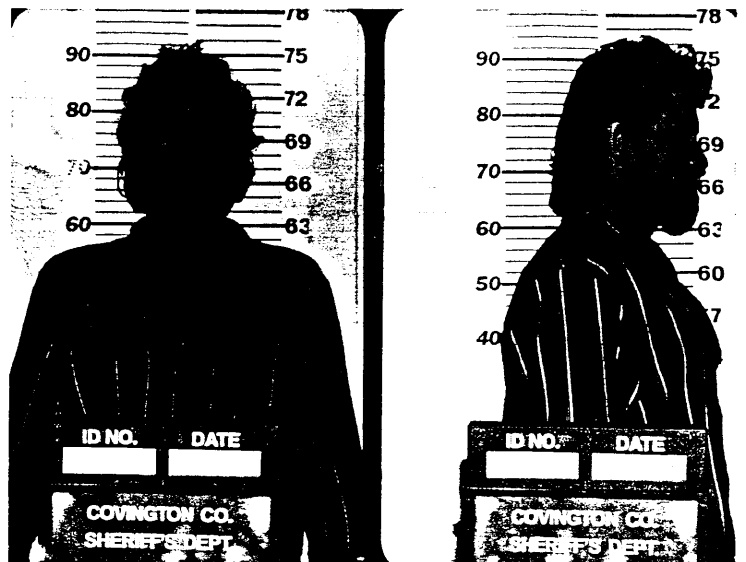
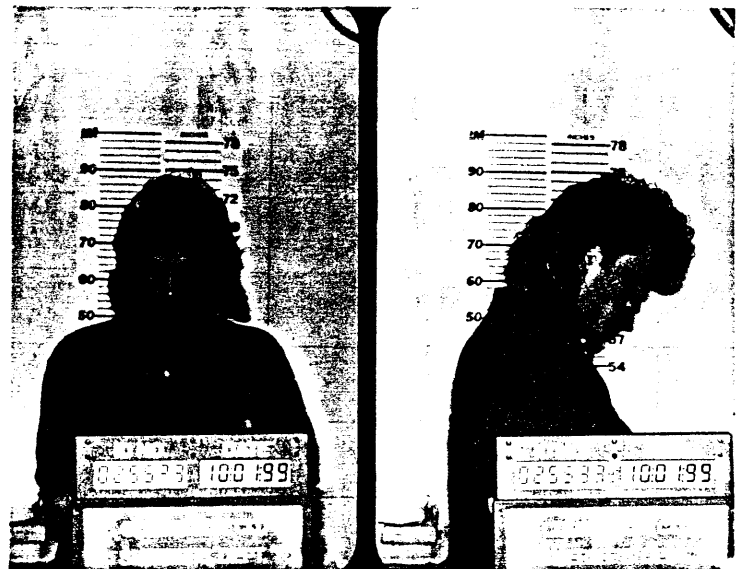
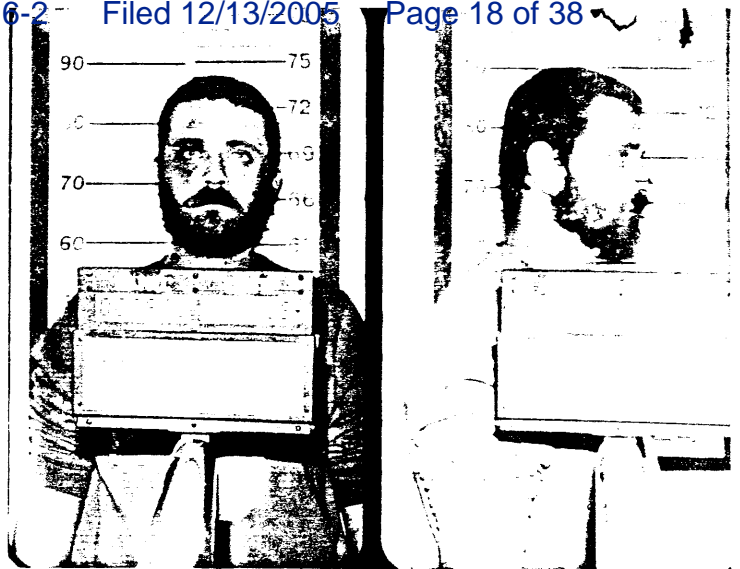
I, THE UNDERSIGNED, AS AN INMATE OF THE COVINGTON COUNTY JAIL HAVE THE LEGAL RIGHT TO REFUSE TREATMENT, EXAMINATION, PROCEDURES AND/OR MEDICATIONS IF I SO CHOOSE DURING MY INCARCIRATION IN THIS FACILITY.

INMATE SIGNATURE: [Signature]

DATE: 02-15-99 SSN: 120-02-5533

WITNESS: James M. [Signature]

DATE: 02-15-99



STATE OF ALABAMA
BOARD OF PAROLENS AND PAROLES
MONTGOMERY, ALABAMA

ORDER OF PROBATION AND PAROLE OFFICER
AUTHORIZING ARREST OF PROBATION VIOLATOR

LIMESTONE COUNTY OR ANY LAWFUL OFFICER OF THE STATE OF

CHRISTOPHER SCOTT

COURT NO. CC 1997 000599 00 WHO WAS CONVICTED IN

THE OFFENSE OF ATTEMPTED POSSESSION COCAINE

SENTENCED TO A TERM OF 03 YEARS 00 MONTHS 000 DAYS IN THE

COUNTY OF LAMAR FOR THE COUNTY WHO WAS GRANTED PROBATION

PERIOD OF 03 YEARS 00 MONTHS 000 DAYS HAS IN THE

VIOLATED PROBATION AND PAROLE OFFICER VIOLATED THE

CODE OF ALABAMA. THEREFORE, BY VIRTUE OF THE AUTHORITY VESTED

IN ME, I HEREBY AUTHORIZE YOU TO TAKE THE SAID NIX CHRISTOPHER SCOTT

AND HOLD HIM FOR THE FURTHER ORDER OF THE JUDGE OF THE

COURT OF LIMESTONE COUNTY.

ISSUED AT Andalusia, ALABAMA, THIS THE 1st DAY OF Oct., '99

Bill N F

PROBATION AND PAROLE OFFICER

DEFENDANT'S ADDRESS:

PO BOX 749

ANDALUSIA, ALA 36433 0000

DEFENDANT'S EMPLOYMENT: SSI

DEFENDANT'S DESCRIPTION:

HT: 6'02" WT: 190 RACE: W

HAIR: BRN EYE: BLU SEX: M

BIRTH DATE: 02/09/1972

SSN#: 01209090 SSN#: 420025035

PHONE NO: 000-000-0000

DEFENDANT'S RETURN:

RECEIVED BY

DATE: 12-01-99

BY: ROBERT G. ARNETT

DEFENDANT ARRESTED. RELEASED ON BOND

DEFENDANT ARRESTED. IN JAIL

DEFENDANT ARRESTED. NOT BOOKED

NOT FOUND

OTHER

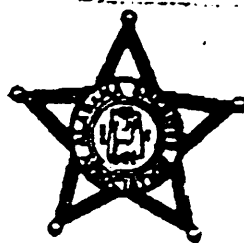
Bill N F CCSO

OFFICER

EX-101

12-01-99

Washington County

Sheriff
Anthony Clark

Sheriff's Department

290 Hillcrest Drive
Andalusia, Alabama 36420
Office (334) 428-2643
Fax (334) 428-2654

FAX COVER SHEET

DATE 10-1-99 TIME 1119 hrsTO Limestone Co Sheriff DePTATT: CollierFAX # 256-233-6473FROM CEPT. ASLEY ROBERTSSENDER'S PHONE # 334-428-2640SENDER'S FAX # 334-428-2665NUMBER OF PAGES INCLUDING THIS PAGE 2

Charlie Roberts

in

Andalusia

Call

1-334-240-2640

PRISONER'S JAIL RECORD

S.S.NO. 420-02-5533

NO. _____

NAME NIX, Christopher ScottDATE 10-1-97TIME 10:50 AM

ALIAS _____

ADDRESS _____

DeFuria Springs FLAGE 27RACE WSEX MEYES BLUHAIR BRNHEIGHT 6'1"WEIGHT 180DATE OF BIRTH 2-4-72PLACE OF BIRTH Livingston CoSCARS OR MARKS Tattoo on Lt. ForearmARRESTING OFFICER Robert ArnettARRESTING AGENCY 23151150OFFENSE VDPTELEPHONE NO 850-492STATUS MarriedSPOUSE OR NEXT OF KIN Rob Gustason

SENTENCE BEGINS _____

SENTENCE EXPIRES _____

HOLD FOR _____

BEHAVIOR _____

TIME ALLOWED _____

GOOD BEHAVIOR _____

HOW RELEASED Transfer to Limestone Co SDDATE 10-2-98TIME 1200RELEASING OFFICER ABH

DRAFT BOARD & CLASSIFICATION _____

ENTERING R/I PRINT _____

RELEASING R/I PRINT _____

REMARKS: "Escape Risk""Suicide Watch"

CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26308

THE VENDOR OF THIS FORM IS REQUIRED THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.

SUBMISSION <input type="checkbox"/>		DATE OF ARREST MM DD YY 07/04/05		CONTRIBUTOR ADDRESS AL0230000 SO ANDALUSIA, AL	
TREAT AS ADULT <input type="checkbox"/>		REPLY YES <input type="checkbox"/> DESIRED?			
SEND COPY TO ENTER OR:		DATE OF OFFENSE MM DD YY 07/04/05		PLACE OF BIRTH (STATE OR COUNTRY): AL.	
				COUNTRY OF CITIZENSHIP U.S.	
MISCELLANEOUS NUMBERS		SCARS, MARKS, TATTOOS, AND AMPUTATIONS TATS on both ARMS			
		RESIDENCE/COMPLETE ADDRESS 994 Caswell Rd.		CITY Deer Creek Springs	STATE AL.
OFFICIAL TAKING FINGERPRINTS NAME OR NUMBER C5026		LOCAL IDENTIFICATION/REFERENCE		PHOTO AVAILABLE? YES <input checked="" type="checkbox"/>	
				PALM PRINTS TAKEN? YES <input type="checkbox"/>	
EMPLOYER (FEDERAL GOVERNMENT) INDICATE SPECIFIC AGENCY OR (LOCAL GOVERNMENT) INDICATE SERVICE AND SERIAL NO.				OCCUPATION	
CHARGE/CITATION Attempted M.M II RomI PCDP				DISPOSITION 1	
Reckless Endangerment Resisting Arrest DUI				2	
				3	
				ADDITIONAL	
				STATE BUREAU STATE	

PRISONER'S JAIL REPORT

I. S. N. # 420 - 02 - 5533

BOOKING OFFICER: _____

NAME: Nix, Christopher ScottDATE: 07 / 04 / 05 TIME: 0400 AM PM (Mil)

ALIAS: _____

ADDRESS: 994 Keswell Rd Deltonick Springs, FLAGE: 33 RACE: W SEX: M EYES: BLU HAIR: BROHT: 6'01" WGT: 175 D. O. B.: 02 / 09 / 72PLACE OF BIRTH: Opp Cowington AL
(City) (County) (State)SCARS / MARKS: Tattoo Both ArmsARRESTING OFFICER(S): Hudson, 804, Williams, Perry 603AGENCY: Drug Task Force, Jackson PCOFFENSE: Attempted Manufacturing II, Poss. Marijuana I, Poss. Drug Paraphernalia, Reckless Endangerment, Resisting Arrest, DWISTATUS: _____ NEXT OF KIN: Robbie GustafsonPHONE NUMBER: (850) 892-6140 (Mother)

SENTENCE BEGINS: _____

SENTENCE ENDS: _____

GOODS: _____

BEHAVIOR: _____

HOW RELEASED: _____

DATE: / / TIME: _____ AM PM Mil.

RELEASING OFFICER: _____

REMARKS: Attempted Man II \$1200.00 Reckless Endangerment \$1,000
Poss I 150.00 Resisting Arrest \$3,000
PDP \$20.00 DWI \$3,000~~Total \$270.00~~

Total \$270.00

Hold for Florida

IN THE CIRCUIT COURT IN AND FOR WALTON COUNTY, FLORIDA

STATE OF FLORIDA

Plaintiff

CRIMINAL ACTION

VS.

Christopher Nix

CASE NO. 04-255-CF

Defendant.

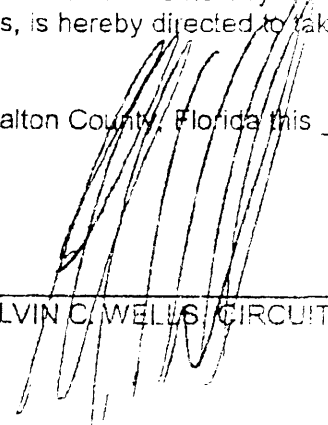
ORDER REVOKING BOND

THIS CAUSE came before the Court upon the notification by Probation & Parole Services that the above-referenced Defendant has failed to meet the conditions of probation/community control while on bond. The Court finds that said failure on behalf of the Defendant represents an indication to the Court that the Defendant is a poor security risk.

Therefore, it is hereby

ORDERED AND ADJUDGED that Defendant's bond is hereby revoked and the Sheriff of Walton County, or any of his authorized Deputies, is hereby directed to take the Defendant into custody.

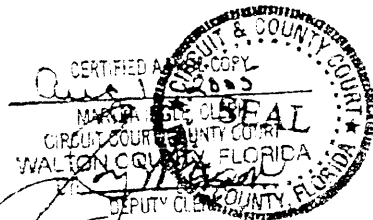
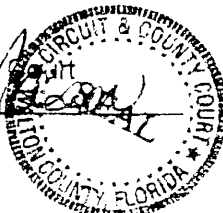
DONE AND ORDERED in Chambers, Walton County, Florida this 27 day of
July 2005.



JUDGE KELVIN C. WELLS, CIRCUIT JUDGE

CC: State Attorney's Office
Attorney of Record
Sheriff's Office
Probation & Parole
Defendant


Clerk of Circuit Court
By _____
Deputy Clerk



PROPERTY RELEASE FORM

I Chris Nix DO HEREBY GIVE MY PERMISSION
FOR MY PROPERTY HERE AT THE COVINGTON COUNTY JAIL TO BE PICKED
UP BY Virgil Davis. I UNDERSTAND THAT IF IT IS NOT
PICKED UP WITHIN FOURTEEN DAYS FROM THIS DATE THAT IT WILL BE
DISPOSED OF BY THE COVINGTON COUNTY JAIL.

INMATE Chris Nix

WITNESS SD Miller

DATE 7-25-07

PROPERTY PICKED UP BY: Virgil Davis

DATE 7-25-05

WALTON COUNTY SHERIFF'S OFFICE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
DORENE	JANA-WARRANTS
COMPANY:	DATE:
COVINGTON COUNTY	8/8/2005
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
334-428-2665	3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
NIX, CHRISTOPHER	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

OUR AGENCY HAS AN ACTIVE WARRANT ON THE ABOVE SUBJECT. CASE #04-255-CF. ORDER REVOKING BOND. PLEASE PLACE A HOLD ON THE SUBJECT FOR OUR AGENCY.

THANK YOU

Jana

COVINGTON COUNTY JAIL

INMATE REQUEST/GRIEVANCE FORM

NAME Chris Allen BLOCK: C DATE 8-21-05

TELEPHONE CALL CUSTODY CHANGE () PERSONAL PROBLEM

() SPECIAL VISIT () TIME SHEET (☒ OTHER () GRIEVANCE

BRIEFLY OUTLINE YOUR REQUEST/ GRIEVANCE THEN PRESENT TO C/O

REQUEST PLEASE CHECK TO WHOM IT IS DIRECTED TO

SHERIFF (☒ CHIEF JAILER () JAILER () RECORDS OFFICE () CHAPLAIN

GRIEVANCE STATE PARTIES INVOLVED AND NAMES OF WITNESSES IF APPLICABLE.

Kevin you told me that you did not
give Conley visit 7 INOW ~~gave~~
yesterday that me and Conley met one
So you told me that you did not do that
no more. My mother is in for times
Bad shape of his mom. And you told me
that you ~~let~~ would put a chair in
line for ~~her~~ her to sit in. That Bull
shit. I ~~thank~~ I thank that is it
preggers. And I would not go the
move with me. That is to be told to
I have no more respect for you.

[Signature]

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY:

APPROVED () DENIED () PAY PHONE () COLLECT () OTHER

I didn't give Conley the visit until the
the PO approved him for a visit.

COVINGTON COUNTY JAIL

INMATE REQUEST/GRIEVANCE FORM

NAME Chris NIV BLOCK: C DATE 8-22-05

TELEPHONE CALL CUSTODY CHANGE () PERSONAL PROBLEM

☒ SPECIAL VISIT () TIME SHEET () OTHER () GRIEVANCE

BRIEFLY OUTLINE YOUR REQUEST/ GRIEVANCE. THEN PRESENT TO C/O

REQUEST PLEASE CHECK TO WHOM IT IS DIRECTED TO

SHERIFF ☒ CHIEF JAILER () JAILER () RECORDS OFFICE () CHAPLAIN

GRIEVANCE STATE PARTIES INVOLVED AND NAMES OF WITNESSES IF APPLICABLE.

My Mom lives in D. F. Spring FL,
 She takes care of my step Dad
 how he is on D timers. the only
 Day that she can come is on
 Tuesday after Noon that's when the
 nurse comes. And stay with papa
 So if you can let her come on that
 I would be more than thankful

Chris Niv

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY:

☒ APPROVED () DENIED () PAY PHONE () COLLECT () OTHER

Let her know to call before and let
 us know the day. And it needs to be
 before 4pm

COVINGTON COUNTY JAIL
INMATE REQUEST/GRIEVANCE FORM

NAME Chris Nix BLOCK: C DATE 9-30-05

TELEPHONE CALL CUSTODY CHANGE () PERSONAL PROBLEM
SPECIAL LIST TIME SHEET () OTHER (X) GRIEVANCE

BRIEFLY OUTLINE YOUR REQUEST/ GRIEVANCE. THEN PRESENT TO C/O

REQUEST PLEASE CHECK TO WHOM IT IS DIRECTED TO

SHERIFF (X) CHIEF JAILER () JAILER () RECORDS OFFICE () CHAPLAIN

GRIEVANCE STATE PARTIES INVOLVED AND NAMES OF WITNESSES IF APPLICABLE.

Nurse Nichol has A Bad attitude
Adapted to the inmates. She does
Not want to do her Job And Doctors
Like Se is Spent a lot of

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY:

APPROVED () DENIED () PAY PHONE () COLLECT () OTHER

I have been informed of this and I am
in the process of dealing with this.

[Signature]

Covington County Sheriff's Office



Anthony Clark, Sheriff
Hillcrest Drive
Milledgeville, AL 36420
Phone (334) 428-2640
Fax (334) 428-2654

Monday - Friday only

EFFECTIVE AUGUST 12, 2005 THE COVINGTON COUNTY INMATES WILL BE ALLOWED THE FOLLOWING ITEMS.

MALES

FEMALES

- 3 T SHIRTS
- 3 PAIRS OF UNDERWEAR
- 3 PAIRS OF SOCKS

- 3 BRAS NO UNDER WIRE
- 3 PAIRS OF PANTIES FULL CUT
- 3 PAIRS OF SOCKS

THEY ARE ALSO ALLOWED 2 PAPERBACK CROSSWORD/WORD SEARCH BOOKS AND 2 PAPERBACK NOVELS. THESE NOVELS MUST BE IN GOOD TASTE IN MORALS VALUES. ALL CLOTHING MUST BE SOLID WHITE. PLEASE LABEL ALL MERCHANDISE WITH THE INMATES PROPER NAME. THESE WILL ONLY BE ACCEPTED ONCE A MONTH FROM THE DATE OF THE LAST TIME.

I, Robert Anderson AM LEAVING THE FOLLOWING ITEMS FOR Chris N.Y. I UNDERSTAND THAT ONCE THESE ITEMS ARE GIVEN TO THE INMATE THE COVINGTON COUNTY JAIL IS NOT RESPONSIBLE FOR THE ITEMS IF THEY ARE LOST OR STOLEN.

Robert Anderson
DATE: 9-12-05

CORRECTIONAL OFFICER RECEIVING MERCHANDISE
Robert Anderson
INMATE SIGNATURE Chris N.Y.
DATE: 9-12-05

Anthony Clark

Must be solid white clothing

COVINGTON COUNTY JAIL
INMATE REQUEST / GRIEVANCE

NAME Chris Nix BLOCK C DATE 10-24-05
☐ TELEPHONE CALL ☐ CUSTODY CHANGE ☐ PERSONAL PROBLEMS
☐ SPECIAL VISIT ☐ TIMESHEET ☒ GRIEVANCE ☐ OTHER

BRIEFLY OUTLINE YOUR REQUEST/GRIEVANCE THEN PRESENT TO A C O

IF REQUEST PLEASE CHECK TO WHOM IT IS DESIRED TO
☐ SHERIFF ☒ CHIEF JAILER ☐ JAILER ☐ RECORDS OFFICE ☐ CHAPLAIN

IF THIS IS A GRIEVANCE STATE THE PARTIES INVOLVED AND NAMES OF WIT
APPLICABLE.

I Need to see A Notary to so
they can ~~authorize~~ authorized my papers

SECTION BELOW THIS LINE FOR REPLY ONLY

☐ APPROVED ☐ DENIED ☐ PAY PHONE ☐ COLLECT ☐ OTHER

Mrs. Suvent will be here at 8:00 am
on 10-26-05 (in the morning) please
be up when they come for you.

Thanks

J. Benson 10-25-05

Exhibit B

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

CHRIS NIX,

Plaintiff,

V.

ANTHONY CLARK,

Defendants.

[illegible]

CIVIL ACTION NO.: 2:05-CV-1044-D

AFFIDAVIT OF ANTHONY CLARK

STATE OF ALABAMA

COUNTY OF COVINGTON

)
)
)

1. My name is Anthony Clark. I am over the age of nineteen and am competent to execute this affidavit, which is based on my personal knowledge, training and experience.

2. I am the duly-elected Sheriff of Covington County, Alabama and was the duly-elected Sheriff of Covington County at all times relevant to Plaintiff's Complaint.

3. I have reviewed the Plaintiff's Complaint filed in this matter. I have no personal knowledge of any of the facts stated in the Complaint. I did not become aware of the allegations made the basis of the Plaintiff's Complaint until I was served with it.

4. It is the policy of the Covington County Sheriff's Department that members of the jail staff receive and answer inmate grievances. Forms on which grievances may be related to the jail staff are readily available in the jail. Inmates are furnished these forms at any time they request one. An exception exists for requests of an emergency nature, which may be made orally. Members of the jail staff are charged with responding to such grievances. Copies of all completed grievances and request forms are placed in an inmate's jail file.

5. Inmates are made aware of the grievance procedure.

6. To not provide an inmate with a grievance form or address a grievance would be a violation of the policy of this jail.

7. I am not personally involved in the day-to-day operations of the jail. I have delegated that power and authority to the Jail Administrator.

8. When a grievance is addressed specifically to me, I review the contents and forward it to my Chief Deputy and/or the Jail Administrator to be addressed.

9. The Covington County Jail has a policy of providing adequate housing and toilet facilities for its residents. Each inmate receives continual access to water and toilet facilities.

10. The Covington County Commission has contracted with Southern Health Partners, Inc. ("SHP") to provide all health care related services to the inmates at the Covington County Jail. SHP provides a doctor and at least one nurse which are available for inmate needs 24 hours a day, seven days a week. In particular, SHP staff recommend and perform inmate physical and mental health evaluations and treatments, and initiate and/or confirm health-related appointments with outside health-care providers as needed. The responsibility of jail personnel with regards to health-related appointments outside the jail is limited to transporting the inmates to any such appointments upon the instruction of SHP staff.

11. Neither I nor any Covington County Jail personnel have any control, authority or responsibility for the provision of health care to jail inmates; we are required to rely on the training and expertise of SHP for such services. However, in emergency situations, jail personnel are authorized to contact the SHP nurse or doctor and/or call for an ambulance and emergency medical assistance.

12. Southern Health Partners staff maintain, control, secure and dispense all medications. Covington County Jail personnel do not have access to patient medications, and have no control, authority or responsibility for the dispensing of medications to inmates.

13. I certify and state that the documents provided to the Court which are attached to the Defendants' Special Report are true and correct copies of the Plaintiff's inmate records, kept at the Covington County Jail in the regular course of business.

14. I affirm, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.

Anthony Clark
Anthony Clark

SWORN TO and **SUBSCRIBED** before me this 12 day of December, 2005.

Debbie Cook
NOTARY PUBLIC

My Commission Expires: 3/2/09